
***MOTION TO MODIFY OR
ENFORCE CHILD SUPPORT
ORDER***

DOCUMENTS ENCLOSED

1. MOTION TO MODIFY OR ENFORCE CHILD SUPPORT
2. SCRA
3. REQUEST FOR HEARING
4. NOTICE OF HEARING
5. SUBPOENA
6. AFFIDAVIT OF SERVICE

INSTRUCTIONS FOR FILING MOTION TO MODIFY OR ENFORCE

Please note, if you are asking for a modification, there will be a filing fee of \$13 7 payable to the District Court Clerk by cash, money order or cashier's check.

1. Complete all the documents enclosed and sign where necessary. Photocopy additional three copies of everything.
2. Bring with you envelopes with postage addressed to all parties entitled to notice.
3. The Clerk in Domestic Relations will file the Motion and the Request for Hearing.
4. The Notice of Hearing will stay here and will go to the Judge or Hearing Officer. The secretary will set the hearing and mail out the Notice of Hearing in the envelopes you have provided. *Even though the Notice of Hearing is mailed by the Court to the parties, it is necessary that a copy also be personally served with the other documents so that there is no question that the other party received Notice of the hearing. I suggest that you wait until you receive the Notice of Hearing in the mail to serve the other party with all of the documents at one time.*
5. Complete the subpoena form and bring to Domestic Relations to have it issued by the Clerk.
6. You are to have a person over the age of 18 serve the following documents on the other party.
(You cannot serve these documents yourself)
 1. Motion to Modify or Enforce Child Support
 2. Request for Hearing
 3. Notice of HearingSubpoena (this is only required if you need to request financial information from the party in order to establish a different child support payment)

These documents are listed on the Affidavit of Service that the person doing the service is to complete and sign before a Notary Public. **The Affidavit of Service should be returned to you to file with the Court Clerk in Domestic Relations. The fully completed Subpoena must be signed before a notary and must be available at the hearing. The original of the document is NOT to be filed with the court clerk's office.**

**PROCEDURE FOR FILING A MOTION
AND REQUEST FOR HEARING**

1. Prepare a *Motion, Request for Hearing, and Notice of Hearing*. Prepare an original set of documents plus three (3) sets of copies of each form. Sort the documents according to title and staple each one separately. The originals of each form should be placed on top of its copies and then paper clipped together. **For example:** Place the original Motion on top with the stapled copies underneath, and paper clip them together. Repeat the procedure for the Request for Hearing and Notice of Hearing.

2. Prepare three (3) *stamped and addressed legal sized envelopes*. Two (2) envelopes should be stamped and addressed to the opposing party (or his/her Attorney) and one (1) envelope addressed to you. **Note:** If the opposing party is not represented by an attorney and you do not have a home address, it is acceptable to use their work address or their parent's address.

NOTE: If the case is pending, a filing fee of **\$137.00** is not required. Local Court Rules require a completed SCRA, Rule 1-099 Certificate attached as the last page to your motion. This form shows the Court the status of the case.

3. A filing fee of **\$137.00** is required if the case has been closed for more than ninety (90) days and you want to request a hearing. When you are ready to file your documents, submit **\$137.00, if applicable**, (in the form of cash, a money order, or cashier's check made payable to District Court Clerk) with your original documents, copies and envelopes to the **Clerks Office, Room 240 (second floor)**, of the Bernalillo County Courthouse, located at 400 Lomas Blvd. NW, Albuquerque, NM between the hours of **8:00 A.M. - 5:00 P.M., Monday - Friday**. Personal checks and credit cards are not accepted.

4. The Clerk will file the original documents, endorse stamp your copies, and will return two (2) sets to you. One set of copies is for your records and the other set is for the opposing party or his/her Attorney. Send endorsed copies of the motion and request for hearing in one of the envelopes you addressed to the opposing party (or his/her attorney). It is your responsibility to inform the opposing party you have requested a hearing and what it is concerning.

5. The assigned judge's secretary will send a scheduled *Notice of Hearing* to all parties in the envelopes provided by you. This notice will inform you of the hearing date and time.

STATE OF NEW MEXICO
COUNTY OF BERNALILLO
SECOND JUDICIAL DISTRICT COURT

DM _____

Petitioner

vs.

Respondent.

MOTION TO MODIFY OR ENFORCE CHILD SUPPORT ORDER

The (Petitioner) (Respondent) (circle one) upon oath states:

1. The Petitioner resides at: _____
2. The Respondent resides at: _____
3. The parties are the parents of _____ minor child(ren):

NAME OF CHILD

DATE OF BIRTH

4. Were the parties married? ____ Yes ____ No
If yes, what was the date parties were divorced _____, the County the
divorce was filed in _____ and the Case Number
_____.
5. The last Child Support Order was filed on (date) _____
In case number _____ and ordered Petitioner/Respondent
(circle one) to pay _____ per month.
6. I last received child support on (date) _____ in the amount of \$ _____.
7. I am/am not (circle one) seeking modification of support. [If you are seeking
modification of support, list the changes in circumstances which have occurred
since the last Child Support Order].

8. The Petitioner works for (employer) _____
and receives income of \$ _____ per month. (If no income information
is available, copies of recent pay stubs and tax returns must be provided).
The Respondent works for (employer) _____
and receives income of \$ _____ per month. (If no income information
is available, copies of recent pay stubs and tax returns must be provided).
9. Medical health insurance is available through (Petitioner's) (Respondent's) (circle
one) employer for the child(ren) at a cost of \$ _____ per month.
10. Work-related child care expenses incurred by Petitioner are \$ _____
per month.
11. Work-related child care expenses incurred by Respondent are \$ _____
per month.
12. The (Petitioner) (Respondent) is/is not current in the payment of Child Support.
(Please circle)
13. Child Support arrears total \$ _____ through ____/____/____.
14. ____ I am currently receiving public assistance. (TANK, AFDC, Welfare).
My CSED Case No. is _____.
____ I have received public assistance but am not currently receiving any.
My CSED Case No. was _____.
____ I have never received any public assistance.
15. The following relief is requested (check all that apply):
____ Change Child Support ____ Income Withholding
____ Enforce Child Support ____ Payment of Arrears
____ Other (Specify) _____

(Signature)

(Printed Name)

(Address)

(Telephone No.)

I hereby certify that a completed
copy of the foregoing was mailed/served
to opposing counsel and parties pro se this
_____ day of _____, 20____.

(Signature of Party filing Motion)

State of New Mexico

County of _____
_____ Judicial District Court

DM _____

Petitioner.

vs.

Respondent.

RULE 1-099 NMRA, CERTIFICATE

COMES NOW _____, and hereby certifies pursuant to Rule 1-099 NMRA, and Second Judicial District Local Rules, Rule LR2-132, that no Rule 1-099 NMRA fee is required because:

() this case is pending.

() the attached pleading, motion or other paper is filed within ninety (90) days after the last disposition; the last action taken this case was _____; a judgment or decree was filed _____.

() the attached pleading, motion or other paper is requesting action which may be performed by the clerk pursuant to these rules -or- seeking to correct a mistake in the judgment, decree or record, filed on _____ -or- a motion accompanied by signed stipulated order disposing of the issue(s) raised by the motion.

() the attached pleading, motion or other paper is seeking only enforcement of a child support order filed on _____.

Submitted By: _____
Signature

Print name

() Petitioner or () Respondent Pro Se

Mailing Address: _____

City: _____

State/Zip Code: _____

Phone Number: _____

I certify that I have () mailed, () faxed, and/or
() delivered personally a copy of this pleading to
opposing counsel/party on this ____ day of _____, 20 ____.

STATE OF NEW MEXICO
COUNTY OF BERNALILLO
SECOND JUDICIAL DISTRICT

_____,
Petitioner,

v.

No. _____

_____,
Respondent.

REQUEST FOR HEARING

Assigned judge:

Matters to be heard:

Hearings presently set:

Time requested:

(Provide names, mailing addresses, and telephone numbers of parties who need to be notified—attach a list if necessary.)

_____	_____
_____	_____
_____	_____
_____	_____

Hearing requested by:

Signature

Name (printed)

Address

Telephone number

CERTIFICATE OF SERVICE

I certify that on _____ (date), I (check the applicable item below and fill in all information)

☐ mailed a copy of this request by United States mail, postage prepaid, to:

Name: _____

Mailing address: _____

City, state, and zip code: _____;

☐ delivered a copy of this request to _____ (the other party or the other party's attorney); or

☐ faxed a copy of this request to _____ (the other party or the other party's attorney) using the following fax number: _____. The transmission was reported as complete and without error. The time and date of the transmission was _____ (a.m) (p.m) on _____ (date).

Signature of attorney

Date of signature

*If this notice was served by a person other than an attorney,
the following must also be completed and filed with the court:*

VERIFICATION OF SERVICE

I affirm under penalty of perjury under the laws of the State of New Mexico that a copy of this request was served by [mail] [fax] [electronic transmission] as described above on _____ (date).

Signature of person who made service

STATE OF NEW MEXICO
COUNTY OF BERNALILLO
SECOND JUDICIAL DISTRICT

_____,
Petitioner,

v.

No. _____

_____,
Respondent.

NOTICE OF HEARING

NOTICE IS HEREBY GIVEN that a hearing in this case has been set as follows:

Date of hearing: _____
Time of hearing: _____
Place of hearing: _____

Matter(s) to be heard: _____
Comments: _____
Length of hearing: _____
Judicial Officer: _____

If this hearing requires more or less time than the court has designated, or if this hearing conflicts with any prior setting, please contact us immediately as continuances may not be granted on late notice. The District Court complies with the American with Disabilities Act. Counsel or self-represented litigants may notify the Clerk of the Court of the nature of the disability at least five (5) days before ANY hearing so appropriate accommodations may be made. Please contact us if an interpreter will be needed.

CLERK OF THE DISTRICT COURT

CERTIFICATE OF SERVICE

I, the undersigned Employee of the District Court of _____ County, New Mexico,
do hereby certify that I served a copy of this document to all parties listed below on
_____.
(list parties entitled to service)

By: _____

Petitioner:

Name: _____

Mailing Address: _____

Telephone Number: (____) _____

Respondent:

Name: _____

Mailing Address: _____

Telephone Number: (____) _____

Other:

Name: _____

Mailing Address: _____

Telephone Number: (____) _____

SECOND JUDICIAL DISTRICT COURT
COUNTY OF BERNALILLO
STATE OF NEW MEXICO

Petitioner
&

Respondent

DM- _____

SUBPOENA

SUBPOENA FOR

☐ APPEARANCE OF PERSON FOR ☐ DEPOSITION ☐ TRIAL

☐ PRODUCTION OF DOCUMENTS OF OBJECTS

☐ INSPECTION OF PREMISES

TO: _____

YOU ARE HEREBY COMMANDED TO APPEAR as follows: PLACE: _____

DATE: _____, _____ TIME: _____ (a.m.)(p.m.) To: _____

☐ testify at the taking of a deposition in the above case

☐ testify at trial

☐ permit inspection of the following described documents or objects: _____

☐ permit inspection of the premises located at: _____

- YOU ARE ALSO COMMANDED** to bring with you the following document(s) or object(s):
- (1) a current wage stub with year to date information or your last 3 months wage stubs;
 - (2) federal and state tax returns, including all schedules, for the year preceding the request;
 - (3) W-2 statements for the year preceding the request;
 - (4) Internal Revenue Service Form W-2s and 1099s for the year preceding the request

IF YOU DO NOT COMPLY WITH THIS SUBPOENA you maybe held in contempt of court and punished by fine or imprisonment.

Issued: _____, 20____

Judge, clerk or attorney

RETURN FOR COMPLETION BY SHERIFF OR DEPUTY

I certify that on the _____ day of _____, _____ in _____ County, I served this subpoena on _____ by delivering to the person named a copy of the subpoena, a witness fee in the amount of \$ _____, and mileage in the amount of \$ _____.

RETURN FOR COMPLETION BY OTHER PERSON MAKING SERVICE

I, being duly sworn, on oath say that I am over the age of eighteen (18 *) years and not a party to this lawsuit, and that on the _____ day of _____, _____ in _____ County, I served this subpoena on _____ by delivering to the person named a copy of the subpoena, the \$75.00 witness fee, and mileage as provided by law in the amount of \$ _____.

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____.

Person making service

Judge, notary or other officer
authorized to administer oaths

THIS SUBPOENA issued by or at request of:

Name of Attorney/Party

Address

Telephone

CERTIFICATE OF SERVICE BY ATTORNEY

I certify that I caused a copy of this subpoena to be served on the following persons or entities by (delivery) (mail) on this _____ day of _____, _____:

(1) _____
Name of Party

(2) _____
Name of Party

Address

Address

Date of signature

Attorney

Signature

[The original of this document is not to be filed with the Court Clerk's office. The fully completed document must be available at the hearing.]

DM _____

Rev.02.2011

STATE OF NEW MEXICO
COUNTY OF _____
IN THE _____ COURT

_____, Petitioner

v.

_____, Respondent NO. _____

REQUEST FOR INTERPRETER

PERSON NEEDING INTERPRETER: Party _____ Witness for _____

NAME OF PERSON NEEDING INTERPRETER: _____

SPECIFIC MATTERS TO BE HEARD: _____

DATE: _____ TIME: _____ LOCATION: _____

JUDGE: _____ TIME REQUIRED: _____

LANGUAGE NEEDED: Spanish _____ Sign _____ Other _____

REQUESTED BY: _____

Signature of party or party's attorney

[BELOW FOR CLERK'S USE ONLY]

NAME OF INTERPRETER: _____

DATE INTERPRETER CONTACTED: _____

DATE/TIME VERIFIED WITH INTERPRETER: _____

BY _____
Deputy Clerk

USE NOTE

The party requesting the interpreter is responsible for notifying the court clerk's office if cancellation of the interpreter services is required. If the requesting party fails to do so in a timely manner, that party may be responsible for the fees and mileage expenses of the interpreter in accordance with the Administrative Office of the Courts Court Interpreter Standards of Practice and Payment Policies.

[Adopted by Supreme Court Order No. 12-8300-022, effective for all cases filed or pending on or after January 1, 2013].